## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

01393-POO74 A GSW/TWO

| CLAIMS AS FILED - PART I (Column 1) (Column 2) |                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                  |                               |                 |                  | SMALL ENTITY TYPE ( |                        |      | OTHER THAN OR SMALL ENTITY |                        |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------|-------------------------------|-----------------|------------------|---------------------|------------------------|------|----------------------------|------------------------|
| TOTAL CLAIMS                                   |                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | 29               |                               |                 |                  | RATE                | FEE                    | 1    | RATE                       | FEE                    |
| FOR                                            |                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | NUMBER FILED     |                               | NUMBER EXTRA    |                  | BASIC FE            | E 375.00               | OR   | BASIC FEE                  | 750.00                 |
| TOTAL CHARGEABLE CLAIMS                        |                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | 29 minus 20=     |                               | * 9             |                  | X\$ 9=              |                        | OR   | X\$18=                     | 162                    |
| INDEPENDENT CLAIMS                             |                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | 2 minus 3 =      |                               | * 0             |                  | X42=                |                        | OR   | X84=                       | 0                      |
| MU                                             | LTIPLE DEPEN                                                                                                                                                                                                                                                                                                                                                                                               | IDENT CLAIM PI                  | RESENT           |                               |                 |                  | +140=               |                        | OR   | +280=                      | 0                      |
| * If                                           | the difference                                                                                                                                                                                                                                                                                                                                                                                             | in column 1 is                  | less than ze     | ero, enter                    | "0" in column 2 |                  | TOTAL               |                        | OR   | TOTAL                      | 912                    |
| CLAIMS AS AMENDED - PART II                    |                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                  |                               |                 |                  |                     | <u> </u>               | -    | OTHER                      |                        |
| (Column 1)                                     |                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | (Colum           |                               |                 | (Column 3)       | SMALI               | ENTITY                 | OR   | SMALL                      | ENTITY                 |
| AMENDMENT A                                    |                                                                                                                                                                                                                                                                                                                                                                                                            | REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY    | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                | Total                                                                                                                                                                                                                                                                                                                                                                                                      | *                               | Minus            | **                            |                 | =                | X\$ 9≃              |                        | OR   | X\$18=                     |                        |
|                                                | Independent                                                                                                                                                                                                                                                                                                                                                                                                | *                               | Minus            |                               |                 | <u> </u>         | X42=                |                        | OR   | X84=                       |                        |
| L                                              | FIRST PRESE                                                                                                                                                                                                                                                                                                                                                                                                | NTATION OF MI                   | JUIPLE DEF       | PENDENI                       | CLAIM           |                  | +140=               |                        | OR   | +280=                      |                        |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                  |                               |                 |                  | TOTA                |                        |      | TOTAL                      |                        |
| (Column 1) (Column 2) (Column 3)               |                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                  |                               |                 |                  | ADDIT. FE           | E <b>L</b>             | 1011 | ADDIT. FEE                 |                        |
| <b>I</b>                                       |                                                                                                                                                                                                                                                                                                                                                                                                            | CLAIMS                          |                  | HIGH                          | EST             |                  |                     | ADDI-                  | 1    | r · · · · ·                | ADDI-                  |
| AMENDMENT B                                    |                                                                                                                                                                                                                                                                                                                                                                                                            | REMAINING<br>AFTER<br>AMENDMENT | -                | NUM<br>PREVIO<br>PAID         | OUSLY           | PRESENT<br>EXTRA | RATE                | TIONAL                 |      | RATE                       | TIONAL                 |
|                                                | Total                                                                                                                                                                                                                                                                                                                                                                                                      | *                               | Minus            | **                            |                 | =                | X\$ 9=              |                        | OR   | X\$18=                     |                        |
|                                                | Independent                                                                                                                                                                                                                                                                                                                                                                                                | *                               | Minus            | ***                           |                 | =                | X42=                |                        | OR   | X84=                       |                        |
|                                                | FIRST PRESE                                                                                                                                                                                                                                                                                                                                                                                                | NTATION OF MI                   | JLTIPLE DEF      | PENDENT                       | CLAIM           |                  | +140=               |                        | OR   | +280=                      |                        |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                  |                               |                 |                  | TOTA                | <u>L</u>               | OB.  | TOTAL                      |                        |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                            | ADDIT. FE                       |                  |                               | ADDIT. FEE      |                  |                     |                        |      |                            |                        |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                            | (Column 1)<br>CLAIMS            |                  | (Colur                        | EST             | (Column 3)       |                     | LABBI                  | ı    | F                          |                        |
| AMENDMENT C                                    |                                                                                                                                                                                                                                                                                                                                                                                                            | REMAINING<br>AFTER<br>AMENDMENT |                  | NUM<br>PREVIO<br>PAID         | DUSLY           | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE                       | addi-<br>Tional<br>Fee |
|                                                | Total                                                                                                                                                                                                                                                                                                                                                                                                      | *                               | Minus            | **                            |                 | =                | X\$ 9=              |                        | OR   | X\$18=                     |                        |
| ME                                             | Independent                                                                                                                                                                                                                                                                                                                                                                                                | *                               | Minus            | ***                           |                 | =                | X42=                | 1                      |      | X84=                       |                        |
|                                                | FIRST PRESE                                                                                                                                                                                                                                                                                                                                                                                                | ULTIPLE DEF                     | TIPLE DEPENDENT  |                               |                 | A42=             | <u> </u>            | OR                     | A04= |                            |                        |
|                                                | If the entry in colu                                                                                                                                                                                                                                                                                                                                                                                       | mn 1 is less than t             | ne entry in colu | ımn 2 uwik                    | - "O" in co     | dumo 3           | +140=               |                        | OR   | +280=                      |                        |
| **                                             | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                 |                  |                               |                 |                  |                     |                        |      |                            |                        |